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ABSTRACT

An information campaign was conducted at the University of Tennessee at Knoxville in cooperation with the student health service to determine the effects of the communication of venereal disease information on the attitudes and behaviors of students. Specifically, the campaign sought to increase students' knowledge of venereal disease and awareness of the problem on campus and to encourage testing and treatment. A telephone survey queried approximately 400 students to determine their knowledge and attitudes. To encourage privacy in communication, 3,000 cards containing five facts on venereal disease, as well as the phone number of a recorded source of venereal disease information, were distributed. Another survey was then conducted to detect changes in attitudes and behaviors. Postsurvey results were as follows: both sexes and all ages were generally more knowledgeable about venereal disease than previously; the information gap between males and females (females having been more knowledgeable) was smaller; and both sexes and all ages were more likely to consider the disease a problem on campus. The relationship of the campaign to these changes was determined by querying students as to whether they had seen the card; those who had were considerably more knowledgeable about venereal disease. (DF)

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INFORMING COLLEGE STUDENTS ABOUT VENEREAL DISEASE: THE MASS COMMUNICATION OF A PUBLIC ISSUE

John E. Buckley

Few subjects elicit so much interest based on so little knowledge as venereal disease (VD). Public health statistics are suggestive of the general unfamiliarity with venereal disease information. One half of the nation's reported VD cases, for example, were in the 15-24 year-old age group (1). In addition, fifty percent of the reported primary and secondary syphilis occurs in the 19-24 year-old age group (2). A recent survey by the American School Health Association reveals that suburbanites, usually better educated and well-informed, are among the most seriously misinformed groups in society on venereal disease information (3).

Efforts at venereal disease control have, to date, been predicted on the assumption that increasing the public's knowledge about VD is the most efficient way of changing public attitudes on the issue and, in turn, precipitating preventive and/or precautionary behavior. In practice, public health campaigns have been more distinguished for the diversity of the media employed than the information conveyed or the attitudes changed. In addition to print literature, films have been played in clinics (4), celebrity-endorsed commercials have been broadcast on television (5), group discussions have been organized (6), nation-wide toll-free "hot-lines" have been installed (7), courses have been introduced into school curricula (8), long-term multi-media information campaigns have been attempted (9), and animated cartoons have been produced by the Walt Disney Studios (10). None of these programs reports any appreciable gain in information or change in attitudes regarding venereal disease.

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That conventional techniques are relatively ineffective in communicating venereal disease information may be attributable to the unique nature of the topic. There is some evidence that communication patterns are different for personal issues, such as drugs (11) and family planning information (12) than for public issues. Educators note that public opposition to VD information in the scool curricula usually springs from a belief that such instruction is a private family matter (13). Nor is it unusual for youth, with excellent treatment and information facilities in their own city, to go to a nearby town for these same services (14). Consequently, interpersonal and group channels might not be as appropriate for the communication of venereal disease information as they would for more public issues.

Young people, the primary target group of public health campaigns, are predominantly broadcast-oriented (15). Unfortunately, these media do not lend themselves to the communication of venereal disease information. There are some subjects which the mass media are reluctant to present, and, when they do, discussion is usually infrequent and lacking depth (16). Television and radio transmit information about national affairs, breakfast cereals, and fashion more readily than information about communicable diseases. A recent survey reveals that as few as three percent of the students at one college look to the mass media as their primary source of information on sexual matters (17).

Moreover, the personal nature of information regarding venereal disease may inhibit diffusion. Individuals who are poorly informed on sexual matters are more often reluctant to disclose this fact to more knowledgeable acquaintances. To become informed on venereal disease, or any taboo topic, one must first admit to being ignorant. For many people, the potential exposure or exploitation of self-disclosure outweighs any gain in knowledge (18). Because most people are less willing to solicit information on a private issue, opinion leadership is a less significant factor in the communication of personal topics. As a result, only six percent of a group of high-school students studies by Kline, Miller, and Morrison (19) reported having actively sought birth control information in a one month period.

Table I

Information and Attitudes on Venereal Disease
(April 19-20)

1. Know that symptoms may or may not accompany gonorrhea.

	Males N=210	Females N=190
Freshmen	37	70
Sophomores	45	73
Juniors	43	86
Senior-graduates	32	86

2. Know that the condom offers the best protection against venereal disease of any contraceptive device.

	Males	Females
Freshmen	58	61
Sophomores	60	61
Juniors	57	80
Senior-graduates	49	83

3. Know that sterility is the greatest single danger from venereal disease for both men and women.

	Males	Females
Freshmen	9	8
Sophomores	3	8
Juniors	5	6
Senior-graduates	5	3

4. Consider VD on campus either "a minor problem" or "no problem."

	Males	Females
Freshmen	42	28
Sophomores	33	25
Juniors	31	18
Senior-graduates	32	17

5. Would go the Student Health Service Clinic for medical assistance, regardless of the reason.

	Males	Females
Freshmen	68	57
Sophomores	62	61
Juniors	83	78
Senior-graduates	92	83

Table II

Information and Attitudes on Venereal Disease
(May 24-25)

1. Know that symptoms may or may not accompany gonorrhea.

	Males N=210	Females N=190
Freshmen	61	69
Sophomores	51	72
Juniors	69	76
Senior-graduates	56	88

2. Know that the condom offers the best protection against venereal disease of any contraceptive device.

	Males	Females
Freshmen	74	93
Sophomores	71	92
Juniors	72	93
Senior-graduates	71	100

3. Know that sterility is the greatest single danger from venereal disease for both men and women.

	Males	Females
Freshmen	50	64
Sophomores	45	68
Juniors	44	67
Senior-graduates	56	69

4. Consider VD on campus either "a minor problem" or "no problem."

	Males	Females
Freshmen	21	13
Sophomores	22	13
Juniors	18	13
Senior-graduates	13	9

5. Would go to the Student Health Service Clinic for medical assistance, regardless of the reason.

	Males	Females
Freshmen	79	73
Sophomores	67	74
Juniors	82	78
Senior-graduates	88	81

The reluctance to expose one's ignorance of venereal disease information compounds the usual problems of diffusing innovations. A Everett M. Rogers notes, "The high degree of homophily between individuals who engage in communication on a taboo topic acts as a barrier to rapid and widespread diffusion of taboo messages which, in turn, perpetuates the taboo status of the topic (20)." Several studies point to the ability of homophilous individuals to self-disclose on personal topics and, in consequence, diffuse the requisite innovation. Laumann found homophilous groups more likely to share medical and job problems than heterophilous groups (21). The latter were presumably concerned that such disclosures might be made public. In an entirely different setting, Liu and Duff observed that the spread of information regarding the I.U.D. in a Taiwanese city was confined to homophilous friendship groups (22). There is nothing unique in this pattern. It is a typical configuration in the spread of other, more public innovations (23). The private nature of venereal disease information, however, is a strong force encouraging the spread of knowledge horizontally but not vertically.

With these constraints in mind, an information campaign was designed for the University of Tennessee, Knoxville, in cooperation with its Student Health Service for April-May 1977. An attempt was made first to determine student attitudes and knowledge regarding venereal disease by means of a multiple-choice telephone survey on April 19-20. Next, to encourage privacy in communication, approximately 3,000 cards, each about the size of a standard business card and containing relevant information on venereal disease, were distributed in the restrooms of the most heavily used classroom and dormitory buildings on May 11-16. One side of the card contained five factual statements about VD which had been covered in the April survey (see Table I), while the other gave the names, phone numbers, hours, and general policies regarding testing and treatment of the University Student Health Service and county public health clinic. Cards were located in restroom stalls and so placed as to minimize accidental loss. It was assumed that students would attend the cards for a variety of reasons, novelty not the least among them. Finally, a second telephone

survey was made on May 24-25 to aid in assessing the effects of the campaign.

Several precautions were taken to insure anonymity in the two surveys. First, all interviewers were of the same sex as the respondents. Second, interviewers were shown the original list of names and numbers to be called and asked to omit anyone whom they might know. These calls were given to another interviewer. Third, interviewers were given only a list of telephone numbers from which to phone, and therefore, knew only that the respondent was of the same sex and enrolled in the University. Fourth, respondents were encouraged not to participate in the survey if they had any reluctance to do so, and, if they did participate, to feel free to skip any item.

Evidence from the two surveys indicates that students felt no special reluctance to participate. Of those people who could be contacted, only 3.7 percent refused to participate in the survey. None of the items was skipped by the 400 respondents in May, and only three were passed over in April, each by fewer than in May, and only three were passed over in April, each by fewer than 10 people.

The information campaign had three objectives; first, to increase students' knowledge of venereal disease, second, to heighten student awareness of the problem of VD on campus, and third, to encourage testing and treatment through the Student Health Clinic. Confidentiality and the private nature of the topic compounded the usual problem on assessing communicative effects. The first two objectives were evaluated by use of the telephone surveys, while the third, with all its attendant ambiguities, was judged by comparing various tests for venereal disease performed at the Student Health Service.

Three weeks after the first telephone survey, 3,000 cards were distributed throughout the campus of 22,000 students. In an attempt to relate any gain in knowledge or change in attitude to the distribution of the cards, one piece of information was included on each card which could be obtained from no other source - the number of positive cases of VD treated at the Student Health Service Clinic in 1976. In addition, because no information on syphilis was presented on the card,

the appropriate FLASH-line number was provided to obtain this information. The FLASH-line is a library of approximately 230 tapes on a variety of subjects of interest to students. A student may call, requesting any tape in the library by means of a coded number. The number of requests for each tape are recorded, and it is therefore possible to assess with considerable reliability the interest in particular tapes.

As a comparison of Tables I and II will indicate, the final survey, one week after the distribution of the cards, revealed that: (1) both sexes and all ages were generally more knowledgeable about venereal disease; (2) the information gap between males and females was smaller; and (3) both sexes and all ages were more likely to consider VD on campus a serious problem. While females remained about as knowledgeable of the symptoms of gonorrhea as in April (see Table II), males in all classes were better informed. Both sexes and all classes were more aware that the condom is the contraceptive which is most effective in preventing venereal disease. Finally, all groups were far more knowledgeable that sterility was the primary danger of venereal disease.

There is also some indication of a reduction in the knowledge gap between the males and females. The gap decreased for all males on the gonorrhea question as well as for juniors and senior-graduates on the most effective contraceptive prevention. There was so little knowledge of the primary danger from VD on the part of both sexes in the April survey that it would be misleading to speak of knowledge gaps on this issue. In the end, however, females still were better informed as to the symptoms of gonorrhea, contraceptive prevention, and the dangers of VD.

These increases in information were paralleled by changes in attitude. As Table II indicates, both sexes and all ages were less likely to consider VD on campus as a minor or non-existent problem. Age, however, would appear to be an important consideration in whether or not one is likely to consider the Student Health Service Clinic for medical assistance. Only freshmen and sophomores of both sexes were more willing to go to the Clinic after the campaign. While upperclassmen remained essentially unchanged in their view of the Student Health Services Clinic between April and May, freshmen and sophomores considered the prospect of seeking medical assistance from the Clinic more positively.

It may be worth noting that a similar age division occurs in the April survey, in which freshmen and sophomores of both sexes were less favorably disposed toward the Clinic.

Several efforts were made to determine the extent to which the increase in information and changes in attitude just noted might be related to the distribution of the informational cards. First, respondents were asked if they had seen the card. Sixty percent of the males and 55 percent of the females claimed to have seen the cards. To more accurately assess the impact of the cards, all questions were re-evaluated by comparing the answers of those students claiming to have seen the cards against those who did not. The results (Table III) indicate that the cards were responsible for an appreciable amount of learning.

Second, a comparison was made of students' knowledge, before and after the campaign, of the number of positive VD cases treated at the Student Health Service Clinic the previous year. This information had not been previously made public and was only available through the VD cards. In April, only 16 percent of the students surveyed had been able to select the correct figure from four possible responses. A month later, slightly more than half, 52 percent, knew the number of cases treated by the Clinic in 1976. Furthermore, only 24 percent of the males and 6 percent of the females who said they had not seen the cards were able to correctly estimate the number of cases treated at the Clinic.

Third, the records of the FLASH-line program were estimated to help assess any increased interest that might have been generated in the topic by the campaign. No attempt was made to distinguish between the serious and curious caller. Concern focused on the communication of the information. The tape on venereal disease has been among the 10 most frequently requested tapes in the FLASH program for the last few years, ranking sixth out of 180 at the time of the study. From January 1 through April 30, 1977, it was requested 2.8 times a week. From May 11-24, however, it was requested an average of 15 times a week. The University began final exams and summer vacation at the end of May and beginning of June, and it is therefore, impossible to tell what the long-term effect of the campaign might be.

Table III

Knowledge of Venereal Disease and Exposure to Information Campaign

	Males	Females
Saw Card	60	55
1. Know that symptoms may or may not accompany gonorrhea.		
Exposed to cards	83	92
Not exposed to cards	18	52
2. Know that the condom offers the best protection against venereal disease for both men and women.		
Exposed to cards	92	98
Not exposed to cards	17	91
3. Consider VD on campus either "a minor problem" or "no problem."		
Exposed to cardw	63	97
Not exposed to cards	25	29

The evaluation of venereal disease rates is so hopelessly conjectural that little opportunity was afforded for the assessment of the behavioral objective. Records of the Student Health Service reveal a minimal and insignificant increase in tests for venereal disease.

This inability to assess behavior is only the most obvious of several limitations of this study. That people know what they should do, and do not do it, is probably no less true of private topics than it is of public topics. No attempt has been made to measure the duration of either the changes in attitude or increases in knowledge. The message to be conveyed in the information campaign was quite simple, consisting of essentially five different facts about venereal disease. Future research might focus on ways of communicating complex messages on personal issues.

This study, in sum, suggests that information-seeking patterns may be different for public and private issues. People who are less knowledgeable are not likely to exchange this fact for increased information. For this reason, the more traditional and more public sources of information may not be effective in communicating personal information. The importance of privacy in the receipt of taboo communication appears to be more critical than has been generally recognized.

REFERENCES

1. Frank Hewens, "Venereal Disease: Public Health and Public Relations Paradox," PUBLIC RELATIONS JOURNAL, 28 (1972), 19.

2. Gloria Stashower, "Venereal Disease Education: Efforts and Achievements," JOURNAL OF SCHOOL MANAGEMENT, 18 (1974), 21. Official statistics underestimate the amount of venereal disease in the United States since private physicians are usually reluctant to report cases to the public health department. See: Ron L. Cleere, et al, "Physicians' Attitudes Toward Venereal Disease Reporting,"

3. IBID., p. 22.

4. A. J. Ward, "The Design of Action Research: An Experimental Program," BRITISH JOURNAL OF VENEREAL DISEASES, 49 (1973), 171-173.

5. "City Campaign Offers Straight Talk on VD," PUBLIC RELATIONS JOURNAL, 28 (1972), 46.

6. Stashower, p. 22.

7. IBID., p. 23.

8. W. L. Yarber, "Comparison of the Relationship of Grade Contract and Traditional Grading Methods to Changes in Knowledge and Attitude," JOURNAL OF SCHOOL HEALTH, 44 (1972), 395-398.

9. F. Gerald Kline, Peter V. Miller, and Andrea J. Morrison, "Adolescence and Family-Planning Information: An Exploration of Audience Needs and Media Effects," in THE USES OF MASS COMMUNICATION, edited by Jay Blumer and Elihu Katz (Beverly Hills, California: Sage, 1974), 134.

10. Stashower, p. 21

11. Gerhardt J. Hanneman, "The Communication of Drug Abuse Information Among College Students," PUBLIC OPINION QUARTERLY, 37 (1973), 178.

12. Kline, Miller, and Morrison, p. 134.

13. Stashower, p. 22.

14. IBID.

15. Hanneman, p. 176.

16. Stephen H. Chaffee, "The Diffusion of Political Information," in POLITICAL COMMUNICATION: ISSUES AND STRATEGIES FOR RESEARCH (Beverly Hills, California: Sage, 1975), p. 91.

17. Carey Lee Warren and Richard St. Pierre, "Sources of Accuracy of College Students' Sexual Knowledge," JOURNAL OF SCHOOL HEALTH, 43 (1973), 588-590.

18. Valerian J. Douglega and Alan L. Chaikin, SHARING INTIMACY: WHAT WE REVEAL TO OTHERS AND WHY (Englewood Cliffs, New Jersey): Prentice Hall, Inc., 1975), p. 141; and Jacquelyn Gaibilein, "Self-Disclosure Among Friends, Acquaintances, and Strangers," PSYCHOLOGICAL REPORTS, 38 (1976), 968-970.

19. Kline, Miller, and Morrison, p. 133.

20. Everett M. Rogers, COMMUNICATION STRATEGIES FOR FAMILY PLANNING (New York: Free Press, 1973), p. 64.

21. IBID., p. 66.

22. William T. Liu and Robert W. Duff, "The Strength in Weak Ties," PUBLIC OPINION QUARTERLY, 36 (1972), p. 361-366.

23. Everett M. Rogers and F. Floyd Schumaker, COMMUNICATION OF INNOVATIONS (New York: Free Press, 1971), p. 212.